



Employment Application

Lake County Board of County Commissioners

Office of Employee Services
 315 W Main Street, Room 430
 PO Box 7800
 Tavares, FL 32778-7800
 Phone number: (352) 343-9596 Fax number: (352) 343-9883
 Lake County Website: www.lakecountyfl.gov

An Equal Opportunity Employer and a Drug-Free Workplace

Persons needing accommodations in accordance with the Americans with Disabilities Act please notify the Office of Employee Services.

Posting Number	Position Title	Today's Date

1. Print Name:

_____	_____	_____
Last	First	Middle

2. Current Address:

_____	_____
Number & Street Name	Apartment Number
_____	_____
City	County State Zip Code

3. Mailing Address:
 (If different from above)

_____	_____
Number & Street Name	Apartment Number
_____	_____
City	County State Zip Code

4. Personal Phone: _____ **Business Phone:** _____

_____	_____
Area Code and Number	Area Code and Number

5. Previous Residence:

_____	_____
Number & Street Name	Apartment Number
_____	_____
City	County State Zip Code

7. E-mail Address: _____

E-mail Address

8. Do you wish to claim Veteran's Preference? ☐ YES ☐ NO

If yes, to be considered for Veteran's Preference complete the attached Application for Veteran's Employment Preference. Provide a copy of your DD214, or other official document(s) from the Division of Veteran's Affairs, and proof of Florida residency along with the completed application. (Please see Veterans' Employment Preference - General Information section for more information.)

All applications and/or resumes *must* be submitted to the Office of Employee Services or postmarked by the advertised closing date, *no exceptions*. Applications and/or resumes are accepted only for positions that are posted (open for recruitment).

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

The Office of Employee Services staff or other designated County staff is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for employment service, including, but not limited to, military service, education and employment history.

A false answer to any question(s), in this application may be grounds for non-selection, or for termination after you begin work. **All statements are subject to investigation, including a check of your education, training and experience statements.** All information you give will be considered in reviewing your application. Your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation material omission or falsification of facts shall cause forfeiture of all rights to employment service with Lake County Government. I understand that after a conditional offer of employment service, the following tests may be required as a condition of employment service with Lake County Government; drug screen, medical evaluation, background check, driver's license records check, credit report, criminal history check and a physical demonstration of job-related skills.

If accepted for employment service I agree to abide by and comply with all rules, regulations, policies and procedures of Lake County Government. I understand that my employment with the County is at-will, that I have the right to terminate my employment at any time with or without cause, and that the County has the same right. I understand that no representative of the employer has any authority to enter into any agreement with me contrary to the policies and practices of Lake County Government.

Date Signed _____ **Applicant's Signature - In Ink** (Submittal of this application electronically is considered an electronic signature.) _____

7. Type of Employment Service Sought (check all that apply):					
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HOURS AVAILABLE _____					
If a job requirement, you will work: You will travel: <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Holidays <input type="checkbox"/> Nights <input type="checkbox"/> Various Shifts <input type="checkbox"/> Other					
Date available for work/service: _____					
8. Education and Training (include seminars, workshop, conferences and On-the-Job training):					
<i>To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.</i>					
School/Location/Sponsor		Course of Study		Degree or Certificate Date Obtained	
High School/GED				YES	NO
Technical/Trade/Vocational School					
Community College					
College/University					
College/University					
Other					
9. Specific Skills (in the spaces below, list the equipment with which you have had experience or any special skills you might have):					
Computer Software	Years	Months	Other Equipment (please describe)	Years	Months
10. List the construction vehicles/equipment you can operate (if applicable to the job for which you are applying). You <u>must</u> also include this information in the Work History section, page 3:					
11. List active licenses, certificates or registrations, the registration number(s) and expiration date(s):					
12. List any organization(s) to which you belong which you consider relevant to your ability to perform the job:					

YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages, which will help, clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed put the information in Item 29, page 6.

13. Present Employer:

Business Name _____

Business Address: _____

City, State & Zip Code _____

Phone No: _____

Number You
Supervised: _____

Your Job Title: _____

Supervisor's Name: _____

Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? ☐ Yes ☐ No, explain in Item 29, page 6.

From: _____

Month, Day & Year

To: _____

Month, Day & Year

☐ Full Time☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

14. Past Employer:

Business Name _____

Business Address: _____

City, State & Zip Code _____

Phone No. _____

Number You
Supervised: _____

Your Job Title: _____

Supervisor's Name: _____

Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? ☐ Yes ☐ No, explain in Item 29, page 6.

From: _____

Month, Day & Year

To: _____

Month, Day & Year

☐ Full Time☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

15. Past Employer:

Business Name _____

Business Address: _____

City, State & Zip Code _____

Phone No. _____

Number You
Supervised: _____

Your Job Title: _____

Supervisor's Name: _____

Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? ☐ Yes ☐ No, explain in Item 29, page 6.

From: _____

Month, Day & Year

To: _____

Month, Day & Year

☐ Full Time☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

16. Past Employer:

Business Name _____

Business Address: _____

City, State & Zip Code _____

Phone No: _____

Number You
Supervised: _____

Your Job Title: _____

Supervisor's Name: _____

Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? ☐ Yes ☐ No, explain in Item 29, page 6.

From: _____

Month, Day & Year

To: _____

Month, Day & Year

☐ Full Time☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

17. Past Employer:

Business Name _____

Business Address: _____

City, State & Zip Code _____

Phone No: _____

Number You
Supervised: _____

Your Job Title: _____

Supervisor's Name: _____

Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? ☐ Yes ☐ No, explain in Item 29, page 6.

From: _____

Month, Day & Year

To: _____

Month, Day & Year

☐ Full Time☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

18. Past Employer:

Business Name _____

Business Address: _____

City, State & Zip Code _____

Phone No: _____

Number You
Supervised: _____

Your Job Title: _____

Supervisor's Name: _____

Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? ☐ Yes ☐ No, explain in Item 29, page 6.

From: _____

Month, Day & Year

To: _____

Month, Day & Year

☐ Full Time☐ Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/_____

MISCELLANEOUS

Answer the following questions by circling "Yes" or "No." It is imperative that you provide detailed information when requested, e.g., dates, types, etc., in Item 29, page 6.

19.	Are you able to perform the essential functions of the position with or without reasonable accommodations? If no, explain in Item 29, page 6.	Yes	No
20.	Have you received any citations for moving violations during the last five (5) years? If yes, explain in Item 29, page 6.	Yes	No
21.	Have you ever been convicted, plead guilty or no contest (Nolo Contender) to any criminal violation of law, including criminal traffic offences? (A conviction does not automatically mean you cannot be hired. Provide all the facts.) If yes, explain in Item 29, page 6.	Yes	No
22.	Have you ever been discharged for any reason from any job? If yes, explain in Item 29, page 6.	Yes	No
23.	Have you ever been employed by Lake County Government? If yes, indicate in Item 29, page 6 date(s) of employment. Department(s)/Division(s), position(s) and reason for leaving.	Yes	No
24.	Are any members of your family or relatives (by blood or marriage) employed by Lake County Government? If yes, indicate in Item 29, page 6 their name(s), Department(s)/Division(s), and relationship.	Yes	No
25.	Do you possess a current, VALID* Florida driver license? If yes, complete question 26. If no, explain in Item 29, page 6. (* VALID: Issued license has not expired nor has been revoked or suspended within the past five (5) years.) (Suspensions for non-moving violations will be considered on a case-by-case basis.)	Yes	No
26.	Indicate which driver license you possess, by checking the appropriate box: <input type="checkbox"/> E (Regular Operator License) Commercial Driver License (CDL) type: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
27.	Do you have any driver license endorsement? *If yes, check the appropriate box(es): <input type="checkbox"/> H- Any vehicle used to transport hazardous materials in placardable amounts. <input type="checkbox"/> N- A tank vehicle designed to transport any liquid or gaseous material with designed capacity of 1,000 gallons or more. <input type="checkbox"/> P- Any vehicles, public or private, designed to transport 16 or more passengers, including the driver. <input type="checkbox"/> S- A commercial motor vehicle (requires CDL) used to transport pre-primary, primary, or secondary school students from home to school, from school to home, or to and from school-sponsored events. Does not include a bus used as a common carrier. <input type="checkbox"/> T- Combination vehicles with double/triple trailers. <input type="checkbox"/> X- Any tank vehicle used to transport placardable amounts of hazardous materials. <input type="checkbox"/> Other _____		
NOTE: If you are hired by the County and the position for which you are hired requires the operation of a County vehicle or equipment or if you drive any County vehicles or equipment, you must have and maintain a VALID Florida Driver License that meets Lake County's requirements of a good driving record and that which is required by the position. Your driving record will be checked with the Florida Department of Motor Vehicles.			

28. Please indicate where you first learned of this opening:

- | | |
|---|--|
| <input type="checkbox"/> Lake County internet website: www.lakegovernment.com | <input type="checkbox"/> Friend |
| <input type="checkbox"/> The job book in the Office of Employee Services | <input type="checkbox"/> County Employee |
| <input type="checkbox"/> Orlando Sentinel classifieds/internet website (Career Builder) | |
| <input type="checkbox"/> Lake Sentinel classifieds/internet website | |
| <input type="checkbox"/> Daily Commercial classified/internet website | |
| <input type="checkbox"/> Other newspaper or magazine, please provide the name of the publication _____ | |
| <input type="checkbox"/> Other _____ | |

[illegible]